

WYLIE POLICE DEPARTMENT

972-442-8170 OFFICE / 972-442-8173 FAX

OPEN RECORDS REQUEST

*** PLEASE PRINT ALL INFORMATION***

Date: _____

Requestor's Name: _____

Mailing Address: _____

Telephone Number: _____ Case Number (if available): _____

Fax Number: _____ E-mail _____

ACCIDENT ☐ (You must know (2) out of the (3) following pieces of information in order to receive an accident report)

1. Drivers Name: _____ 2. Date of Accident: _____

3. Location of Accident: _____

Requestor's Signature

OFFENSE REPORT ☐ **ARREST REPORT** ☐ **CALL FOR SERVICE** ☐**GOOD CITIZEN LETTER** ☐ **OTHER** ☐

(Please be very specific in your request as to what you are looking for)

Date of Incident: _____ Location: _____ Victim/Reporting Party: _____

READ BOTH BOXES BELOW FOR THE RELEASE OF INFORMATION YOU ARE REQUESTING

PLEASE SIGN ***ONLY ONE*** OPTION

(IF BOTH BOXES ARE SIGNED THE REQUEST WILL BE RETURNED TO YOU)

By signing below you agree to all redactions
(information blacked out) made by The Wylie
Police Department Records Division:_____
Requestor's SignatureBy signing below you are requesting an Attorney General's
Opinion on release of the information you are requesting
from The Wylie Police Department Records Division:
THIS PROCESS TAKES APPROX. 6-8 WEEKS_____
Requestor's Signature*** WE HAVE UP TO 10 WORKING DAYS TO FULLFIL THIS REQUEST*** PD-76